PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 Application or Docker Number 10/8/84/ 69/12-05/3											mber 3	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL:	ENTITY	OR		R THAN ENTITY
Ţ	OTAL CLAIMS	3	23					RATE	FEE	٦ .	RATE	FEE
FI	OR		NUMBER FILED		NUMBER EXTRA			BASIC FE	≆ 385.00	T _{OB}	BASIC FEE	770.00
F	OTAL CHARGE	ABLE CLAIMS	23 m	inus 20=	• 3			XS 9=		OR	XS18=	CV.
IN	DEPENDENT C	LAIMS	2 minus 3 = 10			4		X43=		-	X86=	124
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT						+	OR		 -
I If the difference is selected to leave the second selection of the selection of the second selection								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter *0" in column 2								TOTAL		OR	TOTAL	इउप
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								CMALI	ENTITY	OR	OTHER	
	(Column 1)		HIGHE		ST		JUNALL	ADDI-	ו כ	SMALL	ADDI-	
AMENDMENT A	7/1/05	REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
Š	Total	. 23	Minus	- 2	3	-0		X\$ 9=		OR	X\$18=	
ME	Independent	. 2	Minus	3		-0		X43=		OR	X86=	
Ļ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.145=	1	1	. 200	
4	19,						L	+145=	<u> </u>	OR	+290= TOTAL	
								DOT. FEE		OR	ADDIT. FEE	
Г	- 71	(Column 1)		(Colum		(Column 3)	ı		LAGO	1 1		
AMENDMENT B	10.	REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 22	Minus	· 2	3	- 0		X\$ 9=	/	OR	X\$18=	
AME	Independent	NTATION OF AR	Minus	G		- 0	X43=		1	ОЯ	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	/	OR	+290=	
								TOTAL DOIT, FEE		OR	TOTAL VOOIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FI	er Jsly	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	-			1	X\$ 9=		OR	X\$18=	-155
	Independent	•	Minus	940		•	ŀ					
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	X86=	
+145= OR +290=												
I	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OTAL ADDIT. FEE											
<u>-</u> 1	r une Trighest Nur The Triighest Num	mber Previously Paid ber Previously Paid	is For IN THE For (Total or	S SPACE Is I	less than i) is the	i 3, enter "3." hichest number			roorlate box			

FORM PTO-875 (Rot 1003)

Paters and Trademath Office, U.S. DEPARTMENT OF COMMERC